

# **EDUCATION STATUS REPORT: SUCCESSES & CHALLENGES**

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# OUTLINE

- **SUCSESSES**
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  - WAIVERS
  - PATIENTS TREATED
- **CHALLENGES**
  - FUNDING FUTURE REQUIRED TRAINING
  - FEEDBACK ON CURRENT TRAINING
  - NEW MODELS FOR TRAINING
    - HYBRID COURSES
    - REFRESHER COURSES – TECHNICAL UPDATES
    - ENHANCED MENTORING
  - REVISIONS TO CONTENT:
    - REVISIONS TO BASIC 8 HOUR COURSE
    - ENHANCED CLINICAL MANAGEMENT SKILLS

# **SUCCESSSES**

## **12/01/2001 TO 1/16/2008**

- **PHYSICIANS TRAINED:**
  - **TRAINING COURSES** **12,355**
  - **WEB-BASED TRAINING** **3,877**
  - **TOTAL PHYSICIANS TRAINED** **16,232**
- **WAIVER NOTIFICATIONS RECEIVED:**
  - **TRAINING COURSES** **10,589**
  - **REQUESTS MADE ON LINE** **3,931**
  - **TOTAL WAIVER REQUESTS** **14,520**
  - **WAIVERS CERTIFIED** **13,095**
  - **APPROVED TO INCREASE PATIENT LIMIT** **2,165**

# **PHYSICIANS TRAINED**

## **12/01/2001 TO 1/16/2008**

	<b>AAAP</b>	<b>AOAAM</b>	<b>APA</b>	<b>ASAM</b>
<b>LIVE COURSES</b>	<b>2.031</b>	<b>2,088*</b>	<b>2,598</b>	<b>5,630</b>
<b>WEB- BASED</b>	<b>2,505</b>	<b>1</b>	<b>764</b>	<b>558</b>
<b>TOTAL</b>	<b>4,436</b>	<b>2,089</b>	<b>3,362</b>	<b>6,188</b>

# **% WAIVERS SUBMITTED AT LIVE TRAINING COURSES**

<b>DATA</b>	<b>PHYSICIANS TRAINED</b>	<b>WAIVERS SUBMITTED</b>	<b>% SUBMITTED</b>
<b>AAAP</b> For 2007	<b>481</b>	<b>320</b>	<b>66.5%</b>
<b>AOAAM</b> For 2007	<b>563</b>	<b>503</b>	<b>89.3%</b>
<b>APA</b> For 2007	<b>728</b>	<b>459</b>	<b>63.0%</b>
<b>ASAM</b> For 2007	<b>621</b>	<b>389</b>	<b>62.6%</b>
<b>TOTAL</b> 2001 to 2008	<b>16,232</b>	<b>10,589</b>	<b>65.2%</b>

# **PATIENTS TREATED**

## **2001 - 2007**

- **TOTAL PRESCRIPTIONS:** 4,100,000
- **INDIVIDUAL PATIENTS TREATED** 585,000
  - **% DETOXIFICATION** 30 - 40%
  - **% MAINTENANCE** 60 - 70%
  - **TRENDS:**
    - **INCREASE TOWARD MAINTENANCE**
    - **INCREASED COVERAGE BY MANAGED CARE**
    - **DECREASE IN NUMBER OF PATIENTS UNABLE TO FIND TREATMENT – NUMBER IS STILL UNACCEPTABLE**

**DATA COURTESY- R.E. JOHNSON, PHD, RECKITT BENCKISER**

# **CHALLENGES FUNDING FUTURE TRAINING**

- **LEGISLATIVE MANDATE FOR TRAINING – DATA 2000**
- **FUNDING TO DATE**
  - CSAT (before FDA approved BUP in 2002)
  - RECKITT BENCKISER (2002 to 7/2008)
  - TRAINEE FUNDED (range \$100 TO \$175)
- **FUNDING AFTER 2008**
  - CSAT ?
  - PHARMACEUTICAL COMPANIES
    - (FDA REQUIREMENT TO FUND TRAINING ?)
  - TRAINEE / INSTITUTIONAL FUNDED

# **CHALLENGES: PROVIDING REQUIRED TRAINING AFTER 2008**

## **MORE ACCESSIBLE TRAINING**

- FREE OR LESS EXPENSIVE COURSES**
- WEB-BASED COURSES**

### **ADVANTAGES:**

- EASILY UPDATED**
- LESS EXPENSIVE**
- READILY ACCESSIBLE**

### **CONCERNS:**

- QUALITY**
- NO INDIVIDUALIZED INSTRUCTION**
- ABSENCE OF ROLE MODELS / MENTORS**

# **FEEDBACK ON CURRENT TRAINING:**

## **“DIVERSION AND ABUSE OF BUPRENORPHINE”**

**<[www.buprenorphine.samhsa.gov](http://www.buprenorphine.samhsa.gov)>**

- **Physicians initially trained had prior experience treating patients with addictions**
- **More recent trainees lack this background and need:**
  - **More group interaction, leader participation and outreach by mentors as part of initial training process**
  - **More training on patient selection and treatment matching, especially criteria for selecting patients needing counseling and non-pharmacologic therapies**
  - **Support from non-physician staff; increased pharmacist role for educating and monitoring patients**

# **RECOMMENDATIONS FROM REPORT ON “DIVERSION AND ABUSE OF BUPRENORPHINE”**

- **SUGGESTED ADDITIONAL PHYSICIAN TRAINING:**
  - **TWO TRACKS FOR TRAINING BASED ON PRESENCE OR ABSENCE OF PRIOR EXPERIENCE, OR**
  - **ADJUNCT COURSE FOR LESS EXPERIENCED PHYSICIANS, (AFTER 6-12 MONTHS PRACTICE) OR**
  - **ADDITIONAL TRAINING FOR RECERTIFICATION**

# **FEEDBACK ON CURRENT 8 HR COURSE: CLINICAL PROBLEMS IDENTIFIED BY PHYSICIANS IN SAMHSA / CSAT SURVEY OF DATA 2000:**

- **PATIENTS' RESISTANCE TO COUNSELING**
- **ABUSE OF OTHER DRUGS**
- **COMPLIANCE WITH TREATMENT**
- **RETENSION IN TREATMENT**

**D. Fiellin, J Addict Med 2007;1:62-67**

# CHALLENGES: NEW MODELS FOR REQUIRED TRAINING

## HYBRID COURSES:

- INSTITUTION BASED - STAFF
- RESIDENCY PROGRAMS
- AAAP MODEL (HALF & HALF COURSE)
  - 3.75 HOURS Cd-ROM (5 MODULES)
    - MUST BE COMPLETED IN ADVANCE
  - 4.25 HOURS Face-to-Face
    - LIMITED TO 20 PARTICIPANTS
    - SINGLE INSTRUCTOR – LOCALLY BASED
    - CASE BASED DISCUSSIONS
    - SOME OVER-VIEW LECTUERS
    - INDIVIDUALIZED MENTORING
  - COST: \$100 to \$150 / person

# CHALLENGES: HYBRID COURSES

- **APA MODEL**
  - **3.75 HOURS Cd-ROM (5 MODULES)**
    - **MUST BE COMPLETED IN ADVANCE**
  - **4.25 HOURS Face-to-Face**
    - **UP TO 80 PARTICIPANTS**
    - **THREE INSTRUCTORS – LOCALLY BASED**
    - **CASE BASED DISCUSSIONS**
    - **SOME OVER-VIEW LECTUERS**
    - **INDIVIDUALIZED MENTORING**
  - **COST: \$100 to \$150 / person**
- **ASAM MODEL – 338 MD'S TRAINED ON-LINE IN 2007**
  - **8 HOURS ON-LINE**
  - **COST: \$150**

# CHALLENGES: NEW MODELS FOR TRAINING

- A0AAM MODEL - TWO OPTIONS
  - 8 HOUR ON-LINE COURSE OR
  - HYBRID MODEL
    - 4 HOURS ON-LINE WITH TEST
    - 4 HOURS FACE-TO-FACE
  - COST: \$100
- VA STAFF TRAINING MODEL
  - LITTLE INTEREST IN 2 FREE NATIONAL COURSES
  - 18 MD'S TRAINED – REPORTED HIGH SATISFACTION WITH THE COURSE
  - AFTER 9 MONTHS – ONLY 2 WERE PRESCRIBING

# **CHALLENGES: NEW MODELS FOR TRAINING**

## **HYBRID COURSES - ASSESSMENT:**

- TRAINEES APPRECIATE SHORTER REQUIRED TIME FOR FACE-TO-FACE TRAINING**
- PRIOR WEB BASED COURSE FACILITATED LEARNING AT FACE-TO-FACE SESSION**
- WELL ACCEPTED BY TRAINEES**
- NO COMPARISON DATA ON NUMBER OF WAIVERS SUBMITTED**
- APPARENT INTEREST FROM PHYSICIANS IN SIMILAR TRAINING; FUNDING ISSUES UNRESOLVED**

**Gunderson, Fiellin, Levin, Sullivan & Kleber, Substance Abuse,  
2006;27:39-43**

# **NEW MODELS: REFRESHER COURSES**

## **“BUP 202”**

- **VOLUNTARY / REQUIRED?**
- **TECHNICAL UPDATES**
  - **INDUCTION PROTOCOLS**
  - **TAPERING PROTOCOLS**
  - **MANAGING ACUTE & CHRONIC PAIN**
  - **DRUG-DRUG INTERACTIONS**
- **EXPANDED RANGE OF PRACTICE**
  - **PREGNANT PATIENTS**
  - **PAIN PATIENTS**
  - **MEDICAL & PSYCHIATRIC CO-MORBIDITY**

# **NEW MODELS FOR TRAINING: REFRESHER COURSES**

- **ENHANCED CLINICAL TRAINING:**
  - **PATIENT ASSESSMENT & SELECTION**
    - **SCREENING FOR BEHAVIORAL PROBLEMS**
    - **ASSESS USE OF ALCOHOL & OTHER DRUGS**
    - **ASSESS FUNCTIONALITY (JOB / SCHOOL)**
    - **MATCHING TO NEEDED SERVICES**
  - **CLINICAL MANAGEMENT**
    - **DEALING WITH RESISTANCE TO COUNSELING**
    - **AA / NA REFERRAL SKILLS**
    - **MANAGING RELAPSE**
    - **MANAGING ABUSE OF ALCOHOL & OTHER DRUGS**
    - **HANDLING DRUG TAPER**
    - **TREATMENT TERMINATION**

# **NEW MODELS FOR TRAINING**

## **ENHANCED MENTORING: EXPAND THE PCSS SYSTEM**

- **SHIFT TO OUTREACH FROM PASSIVE RESPONSE MODEL**
- **REGULAR PHONE OR EMAIL OUTREACH TO PRESCRIBING PHYSICIANS**
- **BI-MONTHLY AREA DINNER MEETINGS – OPEN TO ALL**
- **QUARTERLY AREA BUPRENORPHINE ELECTRONIC NEWSLETTER**
- **FUNDING ISSUES**

# **CHALLENGES: MODELS FOR ENHANCED TRAINING**

- **REFRESHER COURSES AT MAJOR PROFESSIONAL MEETINGS**
- **RECERTIFICATION REQUIREMENT**
- **NETWORKS OF LOCAL PHYSICIANS**
  - **ASAM / AAAP / AOAAM REGIONAL CHAPTERS**
  - **APA DISTRICT BRANCHES**
  - **STATE MEDICAL SOCIETIES**
  - **HMO & HEALTH NETWORK PROVIDER GROUPS**
  - **VA VISN PROVIDERS**
  - **MEDICAL SCHOOL DEPARTMENTAL GROUPS**

# CHALLENGES: NEW MODELS FOR TRAINING - ALTERNATIVES

## TRAINING EMBEDDED IN THE RESIDENCY:

- BOSTON UNIVERSITY MODEL
  - TRAINEES ATTEND 8 HOURS COURSE (NO COST)
  - OR WEB-BASED COURSE (CHARGE ??)
  - FOLLOW 2 TO 5 PATIENTS ON BUPRENORPHINE FOR 12 TO 24 MONTHS
  - WEEKLY SUPERVISION BY WAIVERED MD
  - ONGOING ADDICTION PSYCHIATRY SEMINARS
  - MAY LACK FULL LICENSE AND WILL REQUIRE STAFF SIGNATURE ON BUP ORDERS

# **REVISIONS TO CONTENT – CURRENT 8 HR COURSE:**

- **Legislation (DATA 2000) / Epidemiology**
- **General Opioid Pharmacology**
- **Efficacy and Safety of Buprenorphine**
- **Clinical Use of Buprenorphine**
- **Patient Assessment & Selection**
- **Clinical Management**
- **Psychiatric Co-morbidity**
- **Medical Co-morbidity**
- **Special Treatment Populations**
- **Office Procedures & Confidentiality**
- **Case Discussions / Patient Interview or Video**

# **REVISIONS TO CURRENT 8 HR COURSE**

## **- RECOMMENDED CONTENT CHANGES:**

- **CONDENSE OR ELIMINATE:**
  - **Psychiatric Co-morbidity**
  - **Medical Co-morbidity**
- **EXPAND:**
  - **Patient Assessment & Selection**
    - **SCREENING FOR BEHAVIORAL PROBLEMS**
    - **ASSESS USE OF ALCOHOL AND OTHER DRUGS**
    - **ASSESS FUNCTIONALITY (EMPLOYMENT / SCHOOL)**
  - **Clinical Management**
    - **DEALING WITH RESISTANCE TO COUNSELING**
    - **AA / NA REFERRAL SKILLS**
    - **MANAGING RELAPSE**
    - **MANAGING ABUSE OF ALCOHOL AND OTHER DRUGS**
    - **HANDLING DRUG TAPER & TREATMENT TERMINATION**
- **REVISE CASES TO FOCUS ON THESE ISSUES**

# **CLINICAL CHALLENGES: SCREENING OUT BEHAVIORAL PROBLEMS:**

- **CHILDHOOD OR ADOLESCENT ANTISOCIAL BEHAVIOR**
- **HISTORIES OF VIOLENCE**
- **ADULT ANTISOCIAL BEHAVIOR UNRELATED TO ADDICTION LIFESTYLE**
- **UNCOOPERATIVE DURING EVALUATION VISITS**
- **HOSTILE AND DEMANDING BEHAVIOR**
- **POLYSUBSTANCE ABUSE**
- **SEDUCTIVE BEHAVIOR**

# **CLINICAL CHALLENGES: IDENTIFYING PROBLEMS EARLY**

## **PICKING UP THE SIGNALS:**

- **MISSED APPOINTMENTS**
- **MISSED URINE TEST**
- **POSITIVE URINE TESTS**
- **EARLY MEDICATION REFILLS**
- **LOST PRESCRIPTIONS**
- **REQUESTS FOR MONO-FORMULATION**
- **REPEATED REQUESTS FOR DOSE INCREASES**
- **HOSTILE AND DEMANDING BEHAVIOR**

# **CHALLENGES: MANAGING CLINICAL PROBLEMS**

## **DEALING WITH PROBLEMATIC BEHAVIOR:**

- **TREATMENT CONTRACTS**
- **FIRM BUT FAIR**
- **IMMEDIATE RESPONSE TO PROBLEMS**
- **CLEAR & FIRM LIMITS ON UNACCEPTABLE BEHAVIOR**
- **GRADED RESPONSES TO PROBLEMS AS APPROPRIATE TO THE CIRCUMSTANCES**
- **KNOWING THE DIFFERENCE BETWEEN DRUG USE AND ANTISOCIAL BEHAVIOR**
- **INCREASE INTENSITY OF TREATMENT FOR MINOR RELAPSES OR LESSER BEHAVIORAL PROBLEMS**
- **TRANSFER TO MORE INTENSE AND STRUCTURED CARE SYSTEM FOR MORE SERIOUS PROBLEMS**